



## Our Vision

We are recognised for excellence in Rural Healthcare.

## Our Mission

To deliver the best of available health and wellbeing services to our community.

## Our Values

- Respect
- Integrity
- Teamwork
- Ethical behaviour

## Contents

Year in Pictures . . . . .	2
Consumer, Carer, Community Participation	
- Better Health . . . . .	3
- Better Access . . . . .	4
- Better Care . . . . .	4
Victorian Health Experience Survey . . . . .	5
Diversity	
- Child Safe Standards . . . . .	9
- Aboriginal Health . . . . .	9
- LGBTIQ . . . . .	11
- Disability Plan . . . . .	12
Adverse Events . . . . .	12
Feedback . . . . .	13
People Matter-Patient Safety . . . . .	14
Accreditation . . . . .	15
Safety & Quality Reporting . . . . .	16
Maternity Indicators . . . . .	22
Residential Aged Care Reports . . . . .	23
Resident Story . . . . .	25
Advance Care Planning . . . . .	27
End of Life . . . . .	27
Social Support Group . . . . .	27
Feedback Form . . . . .	Insert

## A Message from the President and CEO

It is our pleasure to present the Cohuna District Hospital (CDH) Quality Account for the 2017/18 year.

Engagement with the community and the people who use our services is important to us. This Quality Account is a report that allows the hospital to be accountable to the community, by publishing information on how we are tracking in relation to quality and safety standards.

The vision of Cohuna District Hospital is to be recognised for Excellence in Rural Healthcare. Throughout this report you will read information about how CDH is meeting the challenges in providing quality healthcare for the community, and continuing to work towards bringing our vision to reality.

The Quality Account showcases the processes we have in place, and the actions we have taken to review and improve our practices to further ensure our community has access to safe, high quality healthcare.

This report is also a way of pulling together and celebrating the achievements and highlighting the success of the year behind us, and helping us to communicate further on some of our activities coming in the year ahead.

Highlights in this report include actions we have undertaken in Aboriginal Health initiatives, Disability and Family Violence Prevention, and a fantastic story of one of our residents Ken who has come to call Cohuna District Hospital Home.

We welcome your feedback and hope you enjoy reading this report about how your Hospital is working to deliver the best of available health and wellbeing services to our community.



Deanne Van der Drift  
President, Board of Management



Ben Maw  
Chief Executive Officer



# The Year in Pictures



Team CDH at the annual Bridge to Bridge



After 41 years of service to CDH, Liz Lake retired. The Board of Management awarded Life Governorship to Liz



We got a coffee machine!!



Our wonderful Ladies Auxiliary again assisted the Hospital. One of their many purchases was a new washer for Aged Care.

The Hospital collaborated with other local organisations to present Women's Health Night in July 2017. Dr. Megan Belot (2nd from left) was a key speaker at the event, attended by 115 women of all ages.



Heather & Cheryl graduated as Nurse Practitioners



Regular visits by students is an activity the care recipients look forward to very much.

# Consumer, Carer and Community Participation

## Patient Experience

How we have acted to improve three targeted areas identified in our 2017-2018 Statement of Priorities

### Better Health

Staff actively participated in the "Walk around the World" and "Bridge To Bridge" event, promoting wellness initiatives and "walking the walk" by setting an example of proactive wellbeing.

A multi-disciplinary committee was established with participants from each designated work area responsible for staff moral and health initiatives. This committee met regularly and worked towards enhancing workplace wellbeing and support initiatives.

Funding was obtained for a collaborative approach through Northern District Community Health for the Healthy Heart & Lungs Program. A 0.6 EFT co-ordinator was appointed, with the program becoming available late 2018.

Additional resources and services were added in line with the identification of service planning and statement of priority targets. This included:

- ▶ A registered nurse was appointed the mental health portfolio, enhancing CDH focus into mental health initiatives into the future.
- ▶ The Royal Flying Doctor Dental van commenced visits on-site.
- ▶ A Dental Prosthetist visited the Aged Care facility, providing in reach access for services to clients unable to attend external appointments.
- ▶ A Needle Exchange dispensing unit was installed external to the building, offering access to safe services and disposal solutions.

▶ A registered nurse completed qualification as a Diabetic Educator to enhance our capacity to work with patients and their GP in managing their diabetes and diabetic related conditions within the community.

▶ Enhanced participation in the National Bowel Screening program by increasing data collection, with staff actively asking patients if they were recalled after bowel screening, an initiative that will support further insight into the role of investigation and prevention in reducing deaths from bowel cancer.





# Consumer, Carer and Community Participation

## Better Access

1. A Master Planning process commenced with the appointment of a project planning committee and agreement around documents and process achieved. Progress on Master Planning has been communicated through the Community Advisory Committee and will be supported by the Department of Health and Human Services.
2. A Memorandum of Understanding was developed with Northern District Community Health and Echuca Regional Health, further strengthening our capacity as a provider in meeting health needs of the region.
3. We developed and implemented a more robust Discharge Planning procedure in order to support people discharging. This has led to efficiencies in follow up care.

4. The Chief Executive Officer, General Manager and Registered Nurses participated in regional partnership meetings to ensure the hospital is aligned to the regional health system and able to participate in regional health initiatives.
5. Work progressed with the Loddon Mallee Regional Health Alliance to secure a support role to assist the hospital in preparing for the My Health Record. A 0.2 FTE (Full Time Equivalent) project position was made available and will support the Hospital and Visiting Medical Officers (VMO) in our preparation for undertaking this national initiative.

## Better Care

1. Clinical Leaders were appointed to focus on National Safety and Quality Health Service standards, supporting an inter disciplinary approach to service standards at the point of care.
2. Twenty three (23) recommendations resulted from a Board of Management initiated Safer Care Victoria (SCV) review of maternity services, led by SCV CEO Euan Wallace. Recommendations are being worked through and monitored monthly by the Board and Hospital staff
3. Enhanced training to deal with maternal acuity and emergencies was implemented through a program of training called PROMPT and embedded
4. An electronic maternity recording system called 'BOS' was implemented. This is us throughout the state of Victoria, further enhancing the capacity of the Hospital to support local patients through more effective handover and information support if requiring maternity support outside of the region.
5. Incident investigation management was further enhanced through staff training in Root Cause analysis. External peer reviewers are engaged resulting in implementation of improvement opportunities with the support of Safer Care Victoria.
6. Clinical staff continued their participation in Regional Mortality and Morbidity meetings, a practice of sharing learning opportunities regionally in order to enhance care and learnings from events across the region.
7. An external specialist Obstetrician is engaged to conduct regular review of obstetric cases. This enables best practice initiatives to be understood and implemented into practice at CDH.
8. As part of the SCV Maternity review, the Hospital developed new Maternity pathways and diversion policies for Midwifery, to provide better support for Obstetricians and Midwives in determining the most appropriate pathways of care.
9. Reviewing referral systems and processes in the hospital setting.
10. Advanced Care Planning project commenced.
11. Social Support Group coordinator commenced dementia project externally.
12. An education focus month calendar has been developed.
13. Multidisciplinary consultative committee commenced Dec 2017 – (new title) People Matter Consultative Committee February 2018. Encouraging reporting culture; and continuous quality improvement no blame approach. Mentoring of Department managers in leadership is occurring; topics include modelling the expected behaviour and culture, workplace rituals, self-reflection and learnings; models of leadership.
14. A registered nurse was appointed to Loddon Mallee Regional Clinical Council.
15. Medication information is provided to patients during hospital stay.
16. Consumer feedback ensures brochures and publications are written in plain language or improved and the consumer tick is applied.

Our Patients rated their overall satisfaction with the care provided at Cohuna at:

**99%**

At Cohuna, we take pride in the care provided to our patients, their families and careers and continually look to improve.

CDH consumers have reviewed this publication

## Victorian Health Experience Survey

The Victorian Health Experience Survey (VHES) is a valuable benchmarking resource as it enables comparison of our performance against like sized health services and the overall result for the State of Victoria.

The survey is sent to Victorians who have been discharged from hospital and results are published quarterly.

Our hospital does not always receive a result from the survey. As a small rural health service, we do not always achieve the Surveys' required minimum response rate.

When this occurs, we get a result from 2 quarters combined. The last VHES result for CDH was for the Oct-Dec 2017 quarter.

### Discharge from Hospital – What our patients had to say!

97% of our patients expressed satisfaction with the discharge process

State Average 85%

92% of our patients received sufficient information about managing their health and care at home.

State Average 70%

87% of our patients had adequate post hospital discharge services arranged

State Average 67.7%

## Cont.

Despite results well above the state average, and the Statement of Priorities target of 75% for discharge care, we noticed a fall in our results in some areas. For example, when we think about ensuring patients had adequate post discharge services arranged our result of 87% is less than the Oct-Dec 16 result of 98% we received twelve months earlier, therefore we engaged in a review in order to strengthen our discharge practices.

The VHES results are supported by our internal Patient Survey results with an overall 2017-2018 result of 90.6% satisfaction across three discharge questions:

- 1: Patient involvement in discharge planning,
- 2: Receiving sufficient information to manage at home and
- 3: Provision of adequate services post discharge.

Work to improve these results includes implementation of Bedside Handover to facilitate patient involvement in both their care and treatment whilst an inpatient and inclusion in discussions about discharge and the information and assistance required to transition to home.

Other initiatives include open discussions with patients, their families and carers about leaving hospital and any further care needed. Patient whiteboards include estimated discharge date (EDD) which promotes early clinician – patient discussions about discharge and discharge planning. Patients are provided with a discharge sheet that includes details of follow up, booked appointments and referral to allied health professionals if applicable. Information on new medications is provided to patients who have opportunity to discuss or ask questions about their medications prior to discharge.

## Diversity

### Family Violence

With an increased focus on family violence across the State, the organisation has implemented a number of strategies and training to assist both affected staff and service consumers.

Our Strategies include:

- Appointment of a staff family violence champion.
- Development of policies and procedure to assist any staff member or client who is a victim to family violence. These are further supported by other organisational policies relating to Elder Abuse, Child Safety and Mandatory Reporting.
- Implementation of internal Contact Officers who are available to provide support and guidance to staff affected by family violence.
- Further work is planned in the 2018/19 year in conjunction with our partners at Echuca.

Regional Health as we progress with Strengthening Hospital Response to Family Violence.

### Child Safe Standards

Work on Child Safe Standards commenced in 2016 and includes the CDH Child Safe Policy, Child Safe Procedure, Child Safe Code of Conduct Agreement (for staff) and a Child Safe Poster.

The documents are due for review in 2019 at which time revision will include ensuring alignment to the seven Child Safe Standards available on the Commission for Children and Young People website <https://ccyp.vic.gov.au/child-safety/being-a-child-safe-organisation/the-child-safe-standards>.

## Diversity cont.

### Aboriginal Health and Improving Care for Aboriginal Patients (ICAP) Key Result Areas (KRA)

Patients admitted to the Hospital are routinely asked if they identify as being of Aboriginal and/or Torres Strait Islander origin. In 2017-2018 one CDH patient identified as being of Aboriginal and/or Torres Strait Islander origin.

Despite low admission rates for ATSI people, CDH is aware of the importance of providing a welcoming environment that is culturally appropriate and meets the needs of this population. The Hospital has a Memorandum of Understanding with Mallee District Aboriginal Services (MDAS) and is able to access services for patients if required.

Staff have participated in specific Aboriginal cultural awareness education and further education will be offered as it is available.

It is well evidenced Aboriginal and Torres Strait Islander (ATSI) populations have increased incidence of chronic disease and premature death. The CDH 2017-2020 Aboriginal Health Plan aligns with the Improving Care for Aboriginal Patients (ICAP) 4 Key Result Areas (KRAs). All KRAs have been actioned.

The Plan is again under review to ensure correlation with the Victorian Governments' 2017-2027 Korin Korin Balit-Djak: Aboriginal Health, Wellbeing and Safety Strategic Plan and National Safety and Quality Health Service (NSQHS) Standards User Guide for Aboriginal and Torres Strait Islander Health (2017) available at:

<https://www.safetyandquality.gov.au/wp-content/uploads/2017/12/National-Safety-and-Quality-Health-Service-Standards-User-Guide-for-Aboriginal-and-Torres-Strait-Islander-Health.pdf>

The National Safety & Quality Health Service (NSQHS) 2nd Edition Standards set six actions required for organisations to achieve meeting ATSI needs.

The 2017-2027 Korin Korin Balit-Djak: Aboriginal Health, Wellbeing and Safety Strategic Plan covers 5 domains to facilitate culturally appropriate care and assist the populations' health and wellbeing. The domains can be viewed at: <https://www2.health.vic.gov.au/about/health-strategies/aboriginal-health/korin-korin-balit-djak>



# Aboriginal Health Plan 2017-2020

Objectives	Strategy	By Who	By When	Outcome
<b>Key Area 1: Engagement and partnerships</b>				
Develop and maintain collaborative partnerships between the health service and the local Elders and Aboriginal community members	Maintain and strengthen current partnership with the Kerang Elders Meeting	Board	Ongoing	CDH engages and liaises with local aboriginal groups and individuals
	<ul style="list-style-type: none"> <li>Ensure opportunity for aboriginal community members to provide feedback on our patient information</li> <li>Acknowledgement of traditional owners on all agendas/minutes</li> </ul>	All Managers	Ongoing Ongoing	Information provided will be culturally appropriate and respectful to aboriginal people. Partner with Murray District Aboriginal Service (MDAS) for review of consumer/patient information to ensure cultural appropriateness. Traditional owners are appropriately acknowledged.
Ensure information provided is culturally appropriate to meet the needs of the Aboriginal community	Foster an environment that is respectful to all aboriginal persons	All	Completed	Aboriginal people feel comfortable accessing services
A culturally safe and welcoming physical environment is available for Aboriginal people		All	Completed	The Aboriginal flag flies at the Hospital entrance
		All	Completed	Aboriginal art is displayed in the Hospitals' main corridor
	Partner with Gannawarra Local Agency Meeting (GLAM) to develop and implement the Reconciliation Action Plan	DCS	Completed	The Reconciliation Action Plan has been developed
	Membership in Loddon Gannawarra Health Services Executive Network (LGHSEN)	CEO DCS	Ongoing	The Loddon Gannawarra Health Needs Analysis was completed in 2016. The Analysis presents comprehensive information related to local indigenous health
<b>Key Area 2: Organisational Development</b>				
Foster an environment where Aboriginal people feel safe to identify, thereby increasing the number of presentations of aboriginal people to our health service.  The Board details expectations for CEO and senior executive to lead service system development to strengthen culturally responsive health care and improved health outcomes for Aboriginal people.		All	Ongoing	That Aboriginal people feel safe accessing our services is reflected in an increase in people identifying as ATSI.
		CDH Board	Ongoing	Strategic and business planning reflects a culturally competent organisation
		CDH Board	Ongoing	Evaluation that CDH is a culturally responsive organisation is supported through collation and reporting of available data
<b>Key Area 3: Workforce Development</b>				
Cultural awareness training is provided for clinical staff	ASTI specific ReHSeN online education modules	All	Ongoing	Culturally appropriate care is supported
	Provide opportunity for employment of ASTI people in a non-discriminatory recruitment environment	GM	Ongoing	A comprehensive cross-cultural training strategy enables all staff to develop competencies in providing culturally responsive health care to Aboriginal people and their families.
		HR	Ongoing	Aboriginal people have opportunity for employment, reflected through CDH policy that supports equal opportunity employment for all diverse populations
<b>Key Area 4: Systems of Care</b>				
Culturally competent health care and a holistic approach to health and the place of family are provided to all Aboriginal people.  Culturally responsive health care supports access, assessment, care planning, patient support, discharge planning, referral, monitoring and recall processes.	Develop culturally appropriate strategies to assist collection of patient identification data	All	June	The importance of family within the Aboriginal culture is acknowledged and respected.
	Information systems support collection and monitoring of Aboriginality data which is used to strengthen Aboriginal care	All	Ongoing	
	Health promotion and health education is provided	Clinical	Ongoing	Culturally responsive, age appropriate and gender specific care for Aboriginal people facilitates access to required health services including mental health services and other supports.
	Embed a patient centred approach	All	Ongoing	
	Medical record documentation evidences culturally appropriate, individualised care	All	Ongoing	



## Diversity cont.

### Lesbian, Gay, Bisexual, Transgender, Intersex and Questioning (LGBTIQ)

Recognition of differing cultures, beliefs and practices is an important aspect in provision of safe, quality care that is inclusive and non-discriminatory. LGBTIQ consumers are subject to the same health issues and life experiences affecting anyone including acute and chronic illness, domestic and family violence.

To ensure the LGBTIQ community receive equality in health care service, CDH is commencing work on policy. Staff training has been booked for September 2018 to increase awareness of issues faced by older LGBTIQ people and inform staff about inclusive practice for health care organisations.

### Disability Action Plan

The Disability Action Plan (DAP) is incorporated into the new 2017-2020 Access and Inclusion Plan. The reviewed plan was communicated to staff via the newsletter and is available for staff to read. Organisational policies are in place to support a non-discriminatory inclusive environment for staff, consumers, carers and families with a disability and both internal and external layout provides easy access to the service.

### Interpreter Services

Interpreter services are available for health service consumers who require assistance. Our Interpreting Services policy aligns with the Department of Human Services Language Services Policy (2014). The Patient Information Book located at all beds informs consumers of the availability of a telephone interpreter service if required. Details of interpreter services is also available on the Hospital's website- <http://www.cdh.vic.gov.au/patient/faqs>

Our VHES result evidences none of our patients encountered difficulty understanding English and none required the services of an interpreter. This is further supported by internal Patient Survey results. 99.1% of 85 patients surveyed stated English was their primary language and they did not require interpreter services. One patient whose primary language was not English did not require an interpreter service.

# Adverse Events

Incidents occurring within the organisation are recorded electronically through Victorian Health Incident Management System (VHIMS). VHIMS is a standardised dataset for the collection and classification of clinical incidents, occupational health and safety incidents, hazards and consumer feedback. Incidents are allocated a severity rating (ISR) of 1 to 4, ISR4 being near miss/no harm to

ISR1 permanent harm. All incidents are investigated and actions are implemented to address identified opportunities for improvement and/or mitigate risk. Incidents attracting an ISR 1 or 2 rating are thoroughly investigated and are reported to the Board of Management. ISR1 incidents classified as Sentinel Events require a Root Cause Analysis (RCA) to determine how the incident occurred and identify

improvements to prevent recurrence. Key personnel attended RCA training in 2017-2018.

300 incidents were reported in 2017-2018. 1 ISR1 and 5 ISR2 incidents were recorded. An RCA was undertaken for the ISR1 incident and resulted in identification of areas for improvement.

# Feedback

Patient feedback provides an important source of information to the organisation. Whilst compliments are most welcome and provide confirmation that we deliver good care to patients and residents, it is through complaints that we are able to identify where we can improve.

Consumers provide feedback in a number of ways including by letter, through patient and resident surveys, feedback/suggestion sheets located at entrances to the Hospital and Aged Care or in formal complaints to the Health Commissioner. Data is recorded in the VHIMS Feedback function and reported monthly.

CDH policy describes how feedback, both compliments or complaints, is managed and sets out staff responsibilities for actioning issues raised through complaints.

In 2017-2018, 133 feedback items were recorded.

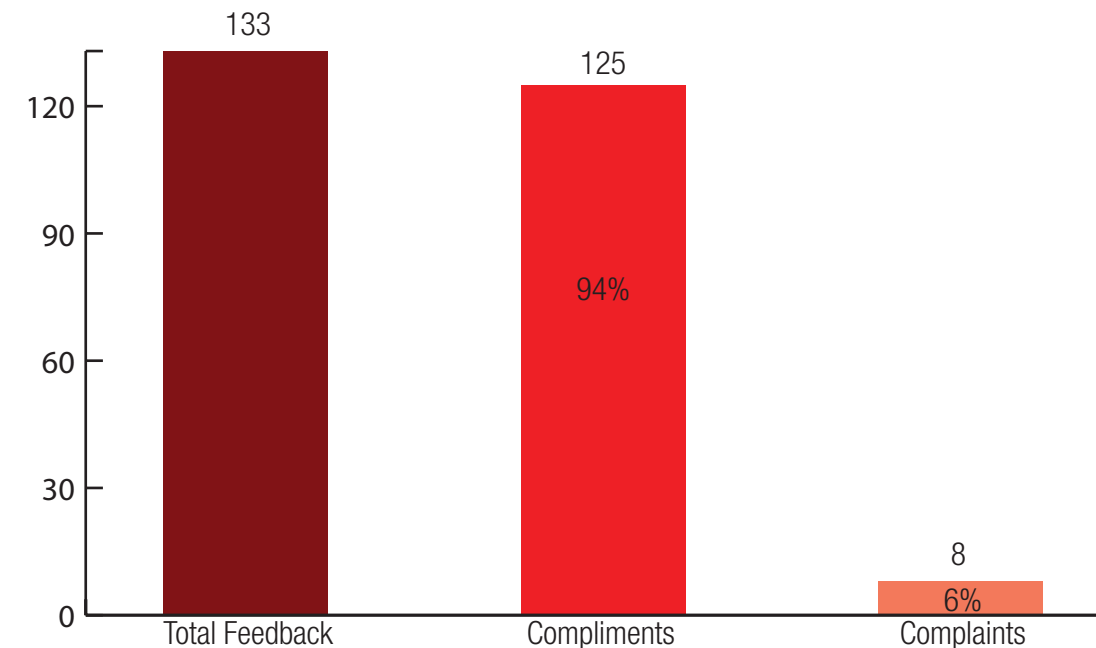
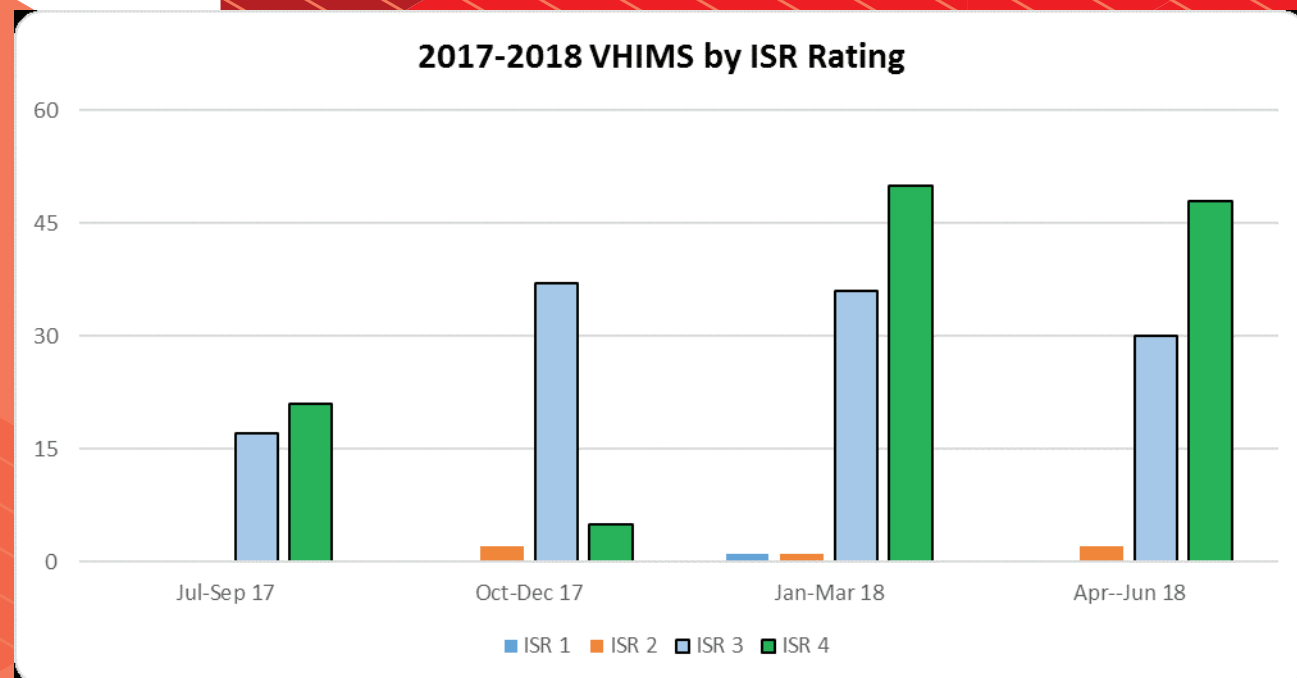
- 125 (94%) were compliments
- 8 (6%) complaints were recorded

## The breakdown of received complaints:

- 2 complaints related to fees charged for services
- 2 concerned staff response to phone calls or presentations to Urgent Care Centre
- 1 related to neonatal transfer
- 1 complaint of unclean ward bathroom
- 1 complaint about hospital provided pyjamas
- 1 complaint about condition of the external flying flags

All complaints were addressed, actioned and resolved according to CDH policy.

For example, the external flags were immediately replaced, environmental staff were informed of the comments relating to an unclean bathroom, the issues of fees charged were investigated and the outcomes communicated back to complainants as were the staff responses. The neonatal transfer was referred to the CDH Director of Medical Services who, with a specialist obstetrician contracted to CDH, reviewed the case and met with the infant's parents.



# Patient Safety (People Matter Survey)

The People Matter Survey (PMS) is an annual Victorian Public Sector Commission (VPSC) survey that provides Victorian public sector employees opportunity to honestly and openly feedback in a range of areas related

to their working environment. Focus areas in this report are Patient Safety (8 questions), and questions related to discrimination and bullying.

Patient Safety Question	2016 % Result	2017 % Result	Improvement
1. Patient care errors are handled appropriately in my work area	81	80	↓ 1 %
2. This health service does a good job of training new and existing staff	58	58	=
3. I am encouraged by my colleagues to report any patient safety concerns I may have	79	89	↑ 10%
4. The culture in my work area makes it easy to learn from the errors of others	52	59	↑ 7%
5. Trainees in my discipline are adequately supervised	48	45	↓ 3 %
6. My suggestions about patient safety would be acted upon if I expressed them to my manager	73	67	↓ 6 %
7. Management is driving us to be a safety-centred organisation	75	63	↓ 12 %
8. I would recommend a friend or relative to be treated as a patient here	85	81	↓ 4 %

Discrimination & Bullying Question	2016 % Result	2017 % Result	Improvement
1. Personally experienced bullying at work in the past 12 months	31	30	↓ 1 %
2. Still experiencing bullying	10	6	↑ 4%
3. Personally experienced bullying at work and submitted a formal complaint	13	16	↓ 3 %
4. Were you satisfied with the way your formal complaint was handled	26	33	↑ 7%
5. In the last 12 months have you experienced discrimination in your workplace	8	14	↓ 6 %

Whilst disappointing these results offer an opportunity for improvement in workforce culture. Indeed, work on this is well underway. The Board of Management, senior executive and department managers are working towards a bottom up, top down culture of respect, consultation and improved communication across all levels of the organisation.

Documented deliverables recorded in Statement of Priority evidence:

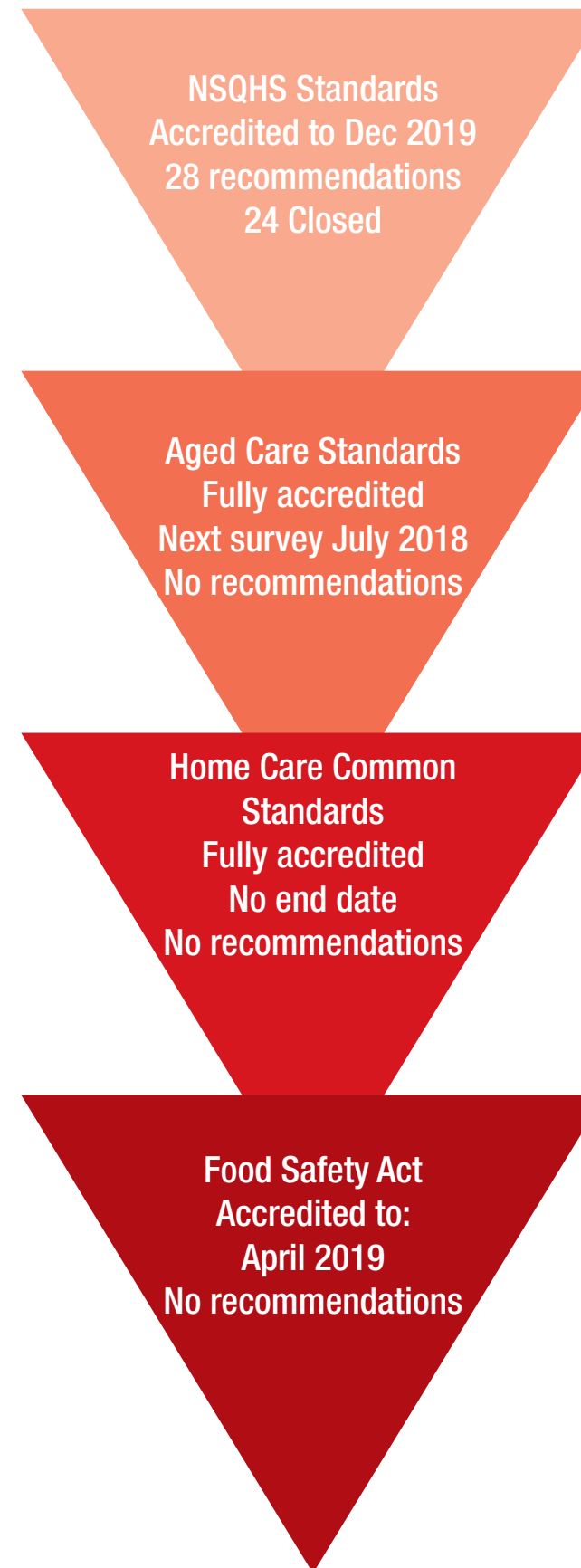
- Formation of a new Multidisciplinary consultative committee commenced Dec 2017 (title changed to People Matter Consultative Committee February 2018).
- Staff comprise membership on the committee

• Encouraging reporting culture; and continuous quality improvement no blame approach.

• Mentoring of Department managers in leadership is occurring; topics include modelling the expected behaviour and culture, workplace rituals, self-reflection and learnings; models of leadership i.e. authentic, transformational, transactive etc.

# Accreditation

The Hospital must be accredited to provide services. This means evidencing compliance to stringent Standards of the:



CDH is fully accredited. Aged Care sector, accredited for a 3 year period, will undergo accreditation assessment in July 2018. From 2019, new Aged Care Standards providing a single set of Standards for Aged Care, CHSP and Transitional Care accreditation will be introduced.

Acute sector is accredited for a 3 year period and is scheduled for a 2 day onsite accreditation survey September 2019. In the period between full surveys, an annual report is submitted.

A full Food Safety Audit is conducted annually to ensure compliance with the Food Safety Act.



# Safety & Quality Reporting

To achieve 'Excellence in Rural Healthcare' CDH constantly considers and implements improvements to support and strengthen safe, quality care provision for consumers of services, carers, families and the workforce. Some changes and improvements include:

## Administration

Workforce initiatives include appointment of a full time receptionist to cover maternity leave vacancy. This ensures role stability and error reduction. Employment of casual staff to back fill and cover leave. Time consuming manual timecard system has been replaced with Kronos, an electronic time and attendance system. Staff security and noise reduction improved with the installation of a glass panel at reception.

Improvements have occurred in development and communication of administration procedures, increased use of electronic admission data software program, private patient billing and development of contracts register.

Pro-forma patient, theatre and maternity packs ensure documentation consistency. Current work includes reviewing / streamlining administration work practices and developing a central repository for staff to access required statistical data at a single point.

Financial aspects:  
Social Support Group fees increased to align with HACC schedule of fees.

Successful Grant applications include:

Aged Care Amenities Grant	\$144000
Security Guard Funding	\$7429
Violence Prevention	\$67020

## Support Services

Staff in support services have had a busy year. In April 2018 the Food Safety Audit was conducted. The assessor was very happy with CDH's compliance to the Food Safety Act. No recommendations were imposed as a result of the audit. Two staff completed training to qualify as Food Safety Supervisors and both were commended by the Food Safety Auditor for the work they had completed.

Improvements implemented in 2017-2018 included re-introduction of compulsory wearing of hats in the catering department, annual revision of the CDH Food Safety Plan, the revision of the Allergen Matrix and removing nuts from any food produced in the CDH kitchen.

## Dialysis

The dialysis provides service for 3 patients dialysing 3 times weekly as a satellite unit guided by Bendigo Health and Austin Health services. Patient safety is supported through monitoring of patients' pathology results, monthly review through the Bendigo Health Renal Unit and 3-monthly review with the patients' public nephrologist.

Workforce: 6 Haemodialysis trained staff currently rostered to the unit. Dialysis clinical review occurs with minutes and updates communicated via email to staff, Nurse Unit Manager and Director of Clinical Services.

Infection Prevention measures include: Regular replacement of ultra filters and external filters, machine disinfection following each use with extended disinfecting performed weekly. New personal protective equipment has been purchased. Water testing is regularly performed.



## Staff Training and Education

Patient feedback provides an important source of information to the organisation. Whilst compliments are most welcome and provide confirmation that we deliver good care to patients and residents, it is through complaints

that we are able to identify where we can improve.

Consumers provide feedback in a number of ways including by letter, through patient and resident surveys, feedback/suggestion sheets located at entrances to the Hospital and Aged Care or in formal complaints to the Health Commissioner.

Data is recorded in the VHIMS Feedback function and reported monthly.

CDH policy describes how feedback, both compliments or complaints, is managed and sets out staff responsibilities for actioning issues raised through complaints.



Our Educator Dee Ford attends local Careers Days to give health career information to students and provide practical demonstrations.



## Infection Prevention

A strong Infection Prevention program is in place at CDH and we pride ourselves on the absence of Hospital Acquired Infection (HAI's). No Staphylococcus Aureus Bacteraemia (SAB), HAIs, Blood Stream or Surgical Site (SSI) infections have occurred in the past 12 months.

## Hand Hygiene

An active Hand Hygiene program is in place and regular audits are performed to gauge staff compliance with the 5 moments of Hand Hygiene.



## Influenza immunisation

The staff immunisation program offers free influenza vaccination to staff, allied health professionals, Visiting Medical Officers and aged care residents. The program extends to include residents' families, carers and CDH volunteers. Two qualified staff immunisers also hold a couple of out-of-hours immunisation sessions for staff's partners.



**2017**  
CDH Staff Fluvax  
Immunisation Uptake  
87.3%  
Required Target  
75%

Staff uptake of influenza vaccination is reported annually to Victorian Hospital Acquired Infection Surveillance. System (VICNISS) and results are reported back to health services. The program is extensively communicated through an annual display feature.



## Anti-microbial Stewardship (AMS)

Anti-microbial Stewardship (AMS) Over-prescription of anti-microbial medication has emerged as a global issue as microorganisms such as bacteria, fungi, viruses, and parasites build up resistance to drugs such as antibiotics,

antifungals, antivirals, antimalarial, and anthelmintics. As a result, treatments once effective are becoming ineffective resulting in persistent infections, increase hospitalisation and increased length of stay.

CDH AMS program includes targeted education for prescribers

and clinicians, an annual display feature in the Hospital. CDH Antimicrobial data is entered into National Antimicrobial Prescribing Survey (NAPS) and results are reported back to the organisation and prescribers.



## Medication Safety

The Medication management team is currently focusing on the safe storage of medications ensuring compliance with Victorian legislative requirements, standards and policies.

Medications are stored as per legislation in a locked facility, either medication room, bedside locker, drug trolley or drug refrigerator.

Tamper Evident Security bags have been implemented across the hospital and aged care for the safe storage and transport of medications. These bags are used when medications are transported to other health services, pharmacies or for patients own medications.

Drugs of dependence are counted and verified correct each shift by two nurses according to the Drugs, Poisons and Controlled Substances Act 1981. S4D medications, commonly known as S11 are also documented in a register and counted each shift by two nurses.

Registers are audited regularly. Schedule 4 and 8 medications brought to hospital by patients are counted, recorded in the drug register and locked safely in pharmacy.

Red labels are used to identify first line emergency medications stored in the drug room.

Labels have been purchased to attach to medications and drug charts alerting staff of specific high

alert criteria. For example warfarin, same or similar name, insulin, fridge, do not crush. These labels will assist staff in delivering a high level of quality care by reducing medication errors.



## Acute Deterioration - Escalation

Processes for escalation of care include encouraging patients, carers, visitors and families to alert staff if they feel their or their loved ones condition is deteriorating. This is communicated through the Patient Information Booklet and If You are Worried, We are Worried posters at each bedside.

Auditing of alerts occurs monthly. Alerts include Unplanned Readmissions < 28 days, all inpatient and Urgent Care Centre transfers from CDH. Other alert events include Death (not palliative), Surgical Services Case Review, Admissions outside CDH capability, Presentations/ Admissions requiring review by the Director of Medical Services and Obstetric case reviews, surgical and complication reviews.

Episodes of care requiring further review are escalated to the Director of Medical Services (DMS) or the Director of Clinical Services for investigation and recommendations with the outcomes of high level reviews communication back to the doctors through the Medical Consultative Committee and to staff through ward clinical meetings.

### In 2017-2018:

40 Unplanned Readmissions < 28 days were audited with 7 cases escalated for further review.

67 Inpatient Transfers were audited with 23 cases escalated for further review.

102 Urgent Care Centre transfers were audited with 6 cases escalated for further review.

An example relates to transfer of a patient with suspected sepsis. The patient, admitted in the early morning, was transferred later following morning rounds. The case was referred to the DMS as the patient had abnormal blood results prior to admission and was transferred within 24 hours of admission. The recommendation that earlier transfer should have occurred was presented to the Medical Consultative Committee and discussed with Visiting Medical Officers (VMO's).

## Comprehensive Care

The 2nd Edition of the National Safety and Quality in Health Service (NSQHS) Standards sees a new Standard 'Comprehensive Care' introduced. This Standard combines the Falls and Pressure Injury (Standards 8 & 9 from the first version) and further expands to include nutrition, restrictive practices, cognitive impairment, end of life and unpredictable behaviours. A comprehensive care

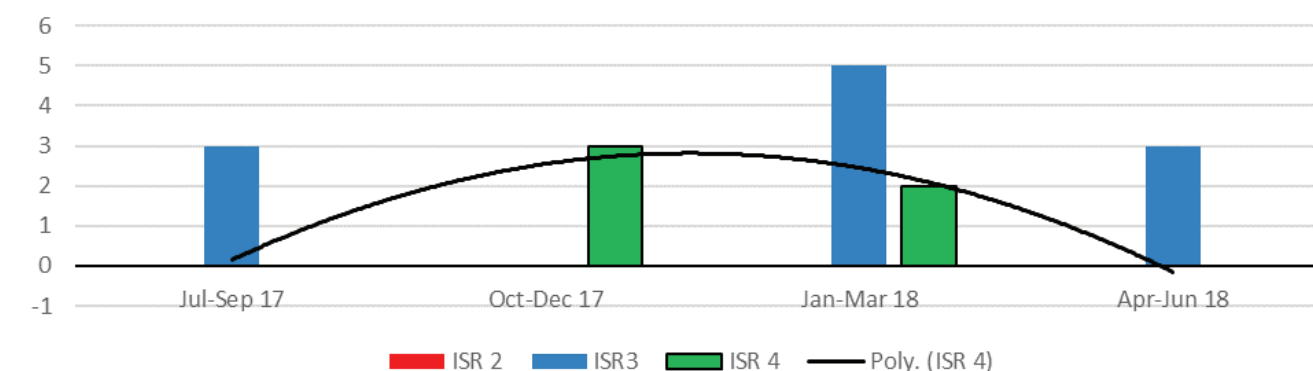
clinical team meets regularly to work towards alignment with the with both Hospital and Aged Care new Standards. Falls and Pressure Injury incidents are documented in VHIMS and reported throughout the organisation.

All falls and pressure injury incidents are investigated to determine what actions are available to prevent further events. Each patient admitted to the Hospital is assessed for risk of falls and whether an

existing pressure injury is present and the potential of developing a pressure injury.

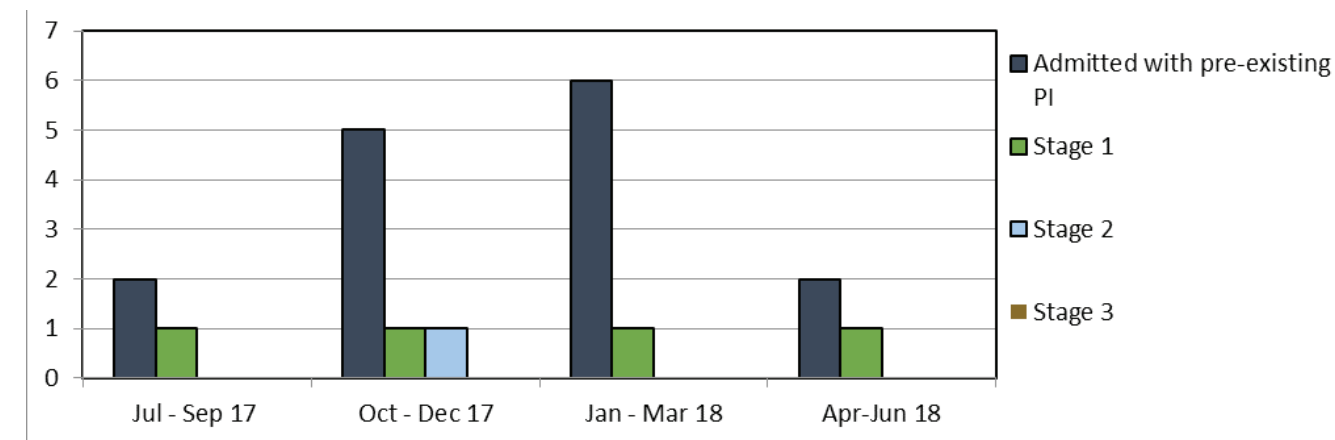
Management Plans are implemented for any patient deemed at risk of falls and/or pressure injury. This enables targeted measures to prevent occurrence of falls and pressure injury.

## Inpatient Falls



## Inpatient Pressure Injuries (PI) by Severity Stage

Pressure Injuries severity is staged; Stage 1 superficial to Stage 1V which has penetrated deep tissue. The above graph also details patients with a pre existing injury at the time of admission



## Communicating for Safety

This new Standard also merges two previous Standards; Clinical Handover and Patient Identification and Procedure Matching.

Safe Patient care is supported by the giving and receiving of accurate, relevant and comprehensive patient information. This process is called Clinical Handover and occurs at various times during a patient episode of care - nurse to nurse shift change, nurse to doctor, doctor to nurse, doctor to doctor, referral to a transfer destination health facility and allied health professionals. The Hospital nurse-to-nurse shift changes uses a handover based on best practice ISBAR (Identification, Situation, Background, Assessment and Recommendations) to assist safe, quality patient care. ISBAR notices are located at each telephone in the Nurse's Station to prompt staff to relay accurate, relevant and comprehensive patient information and telephone pads have been provided to aid telephone handover. One Clinical Handover incident was reported in 2017-2018 and resulted from inadequate handover from doctor to admitting nurses.

Bedside Handover is conducted to encourage patient participation in their own care. Handover at the bedside is an embedded activity assisted by the use of patient whiteboards at every bedside.

Aged care also have a new comprehensive shift-to-shift handover sheet that provides information that is adequate enough to enable a staff member unfamiliar with a care recipient to provide safe, quality care at any given time.

Correct Patient Identification is essential to ensure the right treatment is provided to the right patient - every patient, every time. 21 Identification incidents were reported in 2017-2018 most related to incomplete admission documentation using 3 approved patient identifiers.

No patient harm incidents resulted.

## Blood Management

The Standard 7 team have met bimonthly this year. Minutes of the Standard 7 meetings are available to all staff under the 'Accreditation' tab. We have welcomed the Clinical Labs Manager onto our team this year. The Quality and Risk Manager has taken our Patient Information brochure on Blood Transfusions to the Community Consultative Group and the team consulted with patients on the ward, to ensure patient information was relevant and user friendly. So together - three Registered Nurses, the Quality and Risk Manager, the Clinical Labs Manager and with community consultation, the Blood Management Standard have had a very productive year.

Reviewed Blood Management Policies align with current best practice recommendations. The Procedure Manual has been reviewed and updated in consultation with Clinical Labs to ensure that we comply with NATA (National Association of Testing Authorities Australia) legislation.

Our Focus month in June gave us the opportunity to fill the Display Board with staff and patient information and education around Blood transfusions, Blood management, safe practice etc.

The team is now focussed on producing a new Blood Product Administration Chart and developing a Clinical Pathway for the administration of Blood and Blood Products.

A notable improvement is implementation of Medical Day Procedure Unit each Tuesday, enabling all infusions to be performed on a dedicated day with a dedicated staff member allocated.



# Victorian Perinatal Services Performance Indicators

CDH obstetric data is submitted and an annual result is provided back to the Hospital on a range of Indicators benchmarked against statewide results.

Results from the 2016-2017 Perinatal Performances evidenced some pleasing results

Indicator	2012-13	2013-14	2014-15	2015-16	2016-17*	State-wide 2016-17 Result
Smoking cessation rate - The percentage of women who smoked in first 20 weeks of pregnancy and stopped smoking after 20 weeks			N/A	N/A	28.6 (n=2/7)	26.1
Rate of breastfeeding initiation for babies born at 37+ weeks gestation	97.6	94.4	91.8	96.2	96.4	95.4
Rate of use of infant formula by breastfed babies born at 37+ weeks gestation	32.5	43.1	20.0	31.9	13.7	28.2

Smoking cessation rates is a new indicator and, at 26.1, the result provides CDH with an opportunity to improve through education and provision of Quit information to women.

The result for initiation of breastfeeding evidences that CDH is above the statewide rate and that our results have improved over time.

Use of complimentary formula feeding also returns a result below the statewide rate and evidences a reduction over time in the rate of formula feeding, whilst acknowledging the woman's right to elect to formula feed her baby if she elects to do so.

Maternity services at the Hospital continue to be provided with

dedicated, compassionate staff. CDH provides birthing within the Department of Health and Human Services guidelines as a Level 2, Low Risk service.



63 babies were born at the Hospital between July 1 2017 and June 30 2018, with busy times including May when 9 babies were born - 7 of them within one week and 4 of those within a 48 hour period! Student midwife, Caitlin, was thrilled to be surrounded by so many mums and babies.

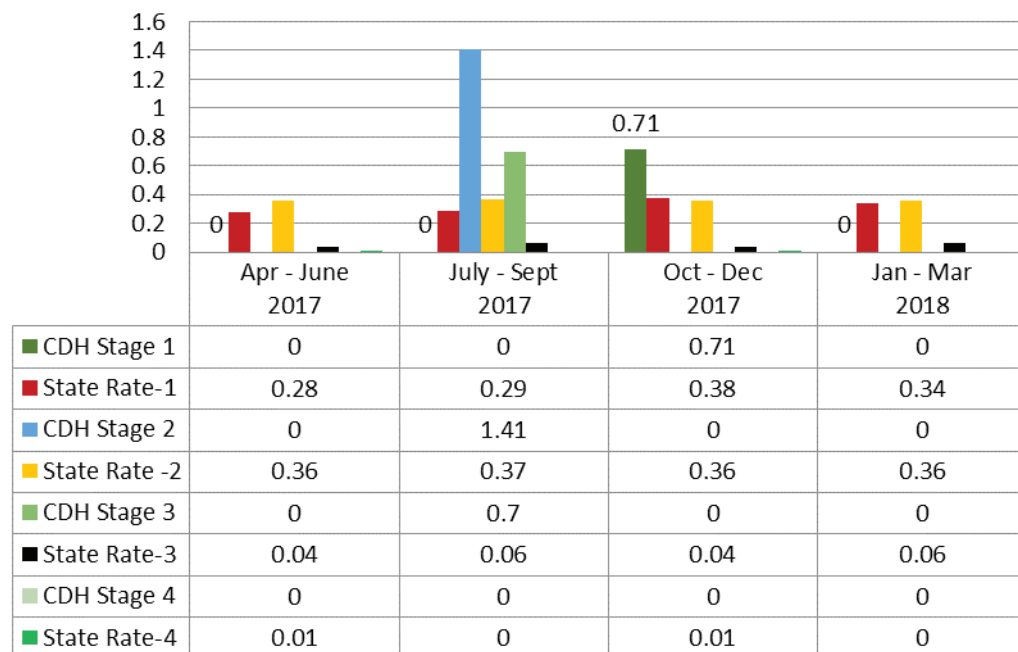


# Residential Aged Care

CDH submits quarterly residential aged care quality indicators into the public sector residential aged care services (PSRACS) to support governance activities. Areas reported are:

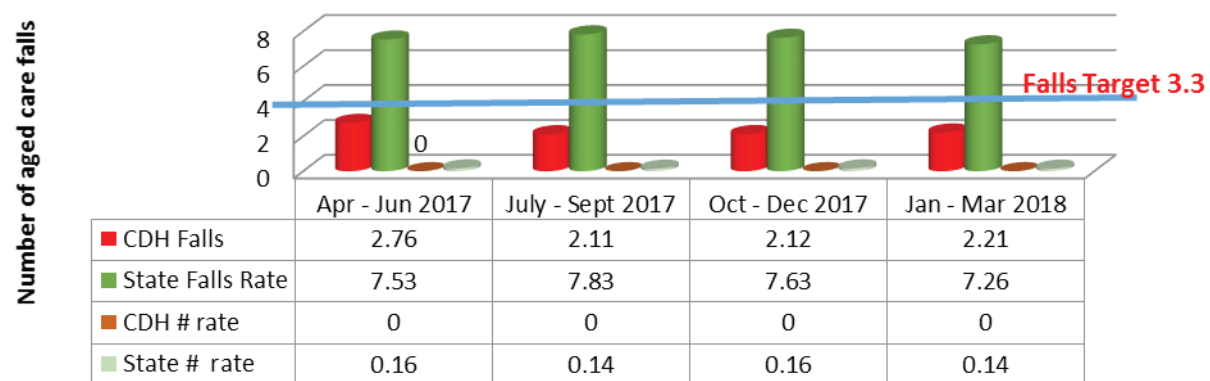
**Pressure Injuries:** CDH is under State Rate for all Stage 1, 2, 3 & 4 PIs

## Pressure Ulcer Rates per 1000 occupied bed days



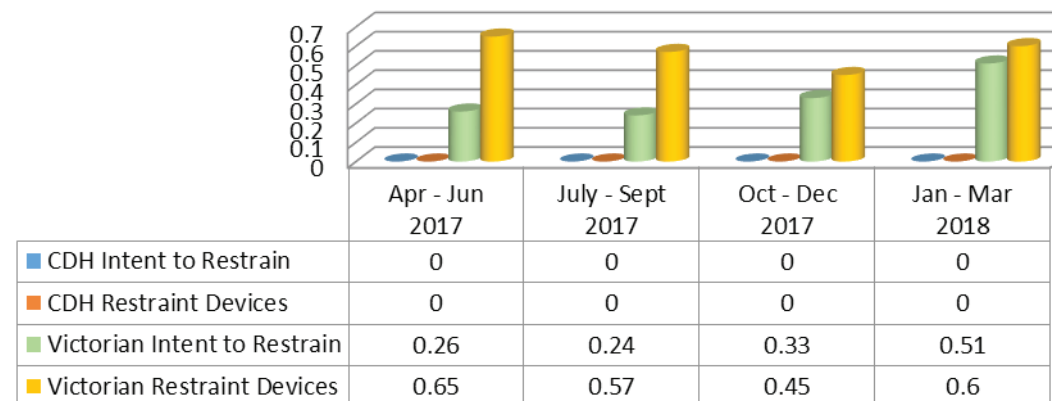
**Falls:** CDH Falls rate is below State rates. No fall resulted in a fracture over past 12 months

## Falls Prevalence and Fall Related Fractures (#) per 1000 occupied days



**Restraint:** No restraint is utilised in CDH residential aged care. At zero restraint CDH aged care is below the State rate.

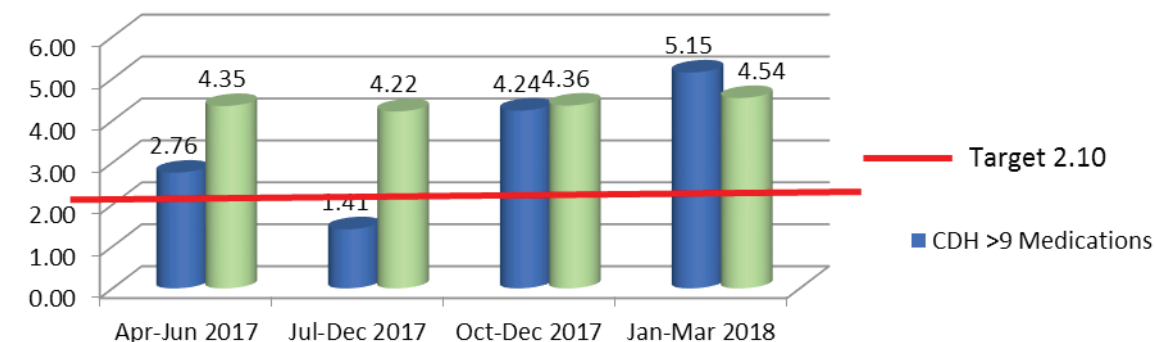
## Physical Restraint per 1000 occupied bed days



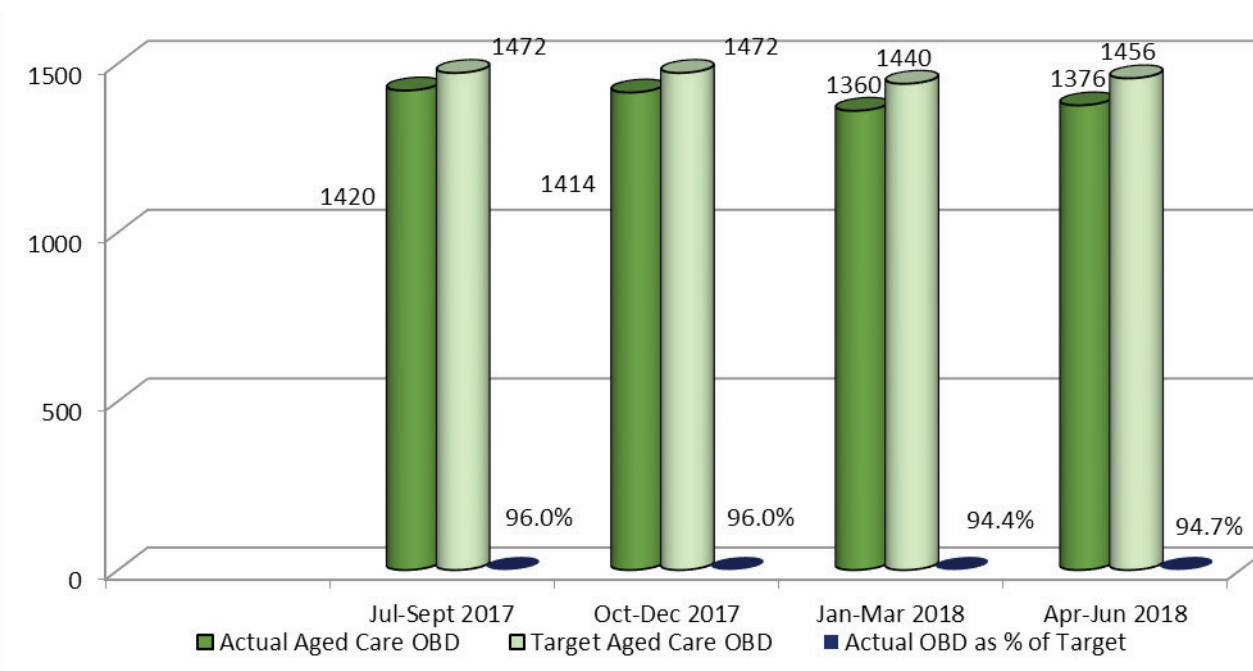
**Residents Prescribed nine or more medications:**

We are aware CDH data exceeds the target of 2.10 for this indicator. The following activities provide rationale for the high rate:

- ▶ A number of residents are actively treated for chronic conditions.
- ▶ A Pharmacist review of resident medication orders occurs annually.
- ▶ An annual Geriatrician review includes review of medications.



**Unplanned Weight Loss:** CDH is below the State Rates for significant weight loss.



# Ken's Story



Kenneth Allez, known to all his friends 'Ken' is a resident at Cohuna Nursing Home. Ken's story begins with his birth on the 15th November 1932 to Olive (nee-Harvey) and Harrison Allez. Ken had 3 brothers and 2 sisters. Ken's oldest brother only lived for a few weeks when sadly he died. Ken's grandparents were married at Kyneton then moved to a farm near Moama near Rich River Golf Course. His parents also lived there and then moved to a farm in Echuca West Dairy farm where Ken spent most of his childhood. His family had cross-bred cows, his father also ran a few sheep as well. There was always a lot of horses around as they were used to do farm jobs that tractors do today. They, like many farmers during that era lived off the land. Ken remembers fondly when occasionally the engine broke down, which was used to milk the cows, all were called to help hand milk the herd. With 50 cows to milk stripping a cow efficiently became a skill.

Ken went to Echuca West School and later did part-time farming course at the Echuca Tech. His dad, who was in his late 50's was diagnosed with Parkinson's, he died when he was just 67 years. This was hard on the family with Ken and his second surviving brother ran the farm, the eldest brother went away droving. Ken was only 17 years. Around 18 months later the farm was sold. Ken's mum moved to Echuca where she bought a house, across the road from the Nursing Home.

Ken had his own portable shearing plant and went where he could get work. He only did this for a short time and due to health reasons looked for other jobs. Fencing and shearing were his two loves in his younger years. He then managed to get a job sheep and wheat farming for approximately two years at Womboota NSW. It was during that time he did army training in the National Service.

From 17 years of age Ken was working towards his lifelong romance with his beautiful future wife which would see them married for 63 years till her passing in 2017. It was story book romance when Lillian Bremmer came to visit her Sunday School Teacher. The Sunday School teacher had married and had moved to become Ken's family's neighbour. Ken was smitten. Lillian, who was also 17 years, moved to Echuca to train as a nurse at the Echuca Hospital, Ken was provided an opportunity to spark the romance. Courting continued until they were married at 21 years of age on the 27/03/1954. Mr and Mrs Ken Allez were married at the Baptist Church in Kerang. They celebrated with their wedding reception held in the hall with some of their close family and friends.

The happy couple then went share farming near Echuca for 1 year then moved to Koyuga for 3 years. Their first born was a son "Jack" he was born during this time. Koyuga farm was challenging as they had to supply the herd of cows. Ken had to supplement his income to buy the cows with earning money between milking from fencing, fruit picking and shearing. The Koyuga farm was then sold and Lillian, Ken and little Jack moved to a farm near Leitchville owned by Stan Kelly. Ken had sold his herd that he had established when the farm was sold, but kept his heifers that he had bred from a

Friesian Bull he bought from the Echuca Saleyards from the Platfuss family. This was a good decision as Ken needed more stock as the herd numbers were limited. As his heifers calved they were added to the herd until Ken own 1/3 of the herd.

While farming on Stan Kelly's farm they were delighted when their second born was another son 'Peter' he was born May 1959. So now they were 4. The young family worked hard, and then six years from when they first went to Leitchville they bought this farm. It was during this stage that Ken was swayed to breed Friesians, as his heifers as they were maturing were good producers. Ken became a member of the then Australian Friesian Cattle Club, which became known as the Holstein Friesian Cattle Association of Australia. Ken bred cattle through the appendix system. Ken and Lillian became well known cattle breeders who had a lovely herd of cows. Ken showed his cattle and became great friends with many breeders regularly attending the North West Sub Branch of the association. Even though Ken had many beautiful cows his favourite was a cow called Zellaville Minda 3735. ZELLAVILLE was Kens stud prefix and was a combination of Allez spelt backward and Ville from Leitchville. Ken and Lillian were awarded a very prestigious award within the Association – Master Breeder Award. This was for many years of successful breeding.

Other interest includes his involvement with the community.

Many people would have seen Ken at the football gates as you went into the ground to watch Leitchville football. Ken helped for 13 years. Ken laughs remembering that prior to working on the gate, he would take Peter to footy until Peter got his license and no longer needed his dad driving him in. He then saw an ad, and thought that it was a way he could help. In 2017 Ken was awarded a Leitchville Lions Community Award for service to Cohuna and Leitchville community and sports. This was very humbling for Ken and he was thrilled to receive it. Ken also has had a long association with the Cohuna Show Society. Ken and Lillian developed a love for dancing after taking their son Jack to his deb ball practice. They would attend dances in Barham, Mead, Cohuna and Koroop. Fred Astaire and Ginger Rogers were no match. Ken laughed when remembering and said he was no good at it really, but they had a great time.

Along with the cows Ken had a great love for his pet dogs he had over the years. Currently 'Jesse' his old dog is living at his neighbours and they bring him in for visits. Jesse on visits gets very excited and you can tell the love is mutual.

When we talk about his sadness he has experienced, he remembers the sudden death of Jack his eldest son and the grief he had, having lost one of his children. He died on the 3rd November 2013. He then had to tell Gwen- Jack's wife who was in a nursing home with dementia that

Jack had died. Gwen also has since passed away.

During Ken's residence at the Cohuna Nursing Home, his wife of 63 years passed away at the Cohuna Village on the 3rd April 2017. Ken and Lillian were separated at the time as there was only one bed in each facility available. Lillian had become unwell and her dementia had progressed. Ken would walk over and visit her regularly. Neither had been in care for long. Ken remembers Lillian, of their love they shared, life partner, as a loving mother and Lillian's accomplishments in nursing, and being an accomplished seamstress and knitter.

Ken is supported by his son Peter and lovely wife Anna who had been married since 11th June 1980, they have two sons whom Ken is very proud of. They live away but always make regular trips to see Ken. As well as 2 grandsons, Ken also has 3 great grandchildren. Ken also has a network of friends and family and regularly is out and about. He has formed great friendships in the nursing home with other residents and staff, many of whom he has known for most of their lives. He plays cards regularly and often seen with his cohort from the next room plotting and planning. Staff look forward to Ken's cheery smile and cheeky comments. When I asked Ken did he have any words of wisdom to living in a Nursing Home he said 'keep the nurses happy' with a glint in his eye and a cheeky smile.



# Advanced Care Planning

CDH participated in the Advance Care Planning (ACP) Champions of Change pilot program run from the Austin Hospital. The CDH ACP champion participated with 6 mentee's, 3 of whom completed the program. These staff are now more than confident having an ACP discussion and completing the ACP document with a patient. CDH currently has 16 ACPs registered. The CDH champion also attended the Facilitator update course at

Bendigo Health for the new Medical Treatment Planning and Decision Act 2016, followed up by a visit from the Bendigo Health ACP coordinator who attended to provide CDH with 2 short in-services on ACP and the recent changes to legislation. 4 aged care staff were also able to attend the ACP facilitator course run by Bendigo Health. CDH is an active ACP organisation with presentations provided for the U3A group and Neighbourhood House in an effort

to ensure community engagement and information provision to the community.

ACP policy /procedures have been reviewed to align to the new law changes and introduced. Updating CDH ACP forms and related paperwork has been updated to reflect correct terminology, compliant with the new 2016 Act. ACP education has been communicated and displayed on the education board.

# End of Life Care

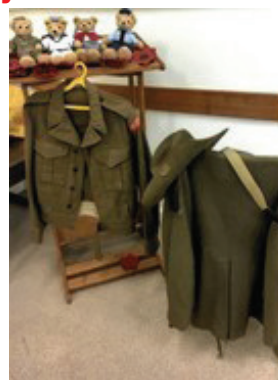
End of life is an area we are working on, changing all paperwork to meet the Medical Treatment Planning and Decisions Act 2016. Current work includes:

- ▶ Introducing a resuscitation form
- ▶ Combining seriously ill form and end of life choices form with the resuscitation form
- ▶ Resourcing new palliative care pathway's that align with the new medical act

# Social Support Group (SSG)

The SSG enjoyed another busy year of activities and outings including special days and events.

## Anzac Day



## Australia Day Celebrations



## Easter Treats



## A visit to Elm Tree Nursery

